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**Connecticut State Medical Society Testimony on**

**Senate Bill 248 An Act Concerning Adverse Events at Hospitals and Outpatient Surgical Centers**

**Public Health Committee**

**March 1, 2010**

Senator Harris, Representative Ritter and Members of the Public Health Committee, my name is Ken Ferrucci, Vice President of Public Policy and Government Affairs for the Connecticut State Medical Society (CSMS). On behalf of our more than 7,000 members thank you for the opportunity to present this testimony to you today on SB 248 An Act Concerning Adverse Events at Hospitals and Outpatient Surgical Centers.

CSMS is proud to be part of efforts over the past years to ensure the delivery of the highest quality healthcare in the state balanced with appropriate transparency and disclosure. We have also advocated for the need to ensure that the all information we accompanied by the education and disclaimers necessary for it to be accurately interpreted b the public. Furthermore, our involvements in such activities is formally codified though our representation on the Quality of Care Advisory Committee.

The legislation before you today provides an opportunity to strengthen public trust in our healthcare delivery system by addressing any real or perceived shortcomings of the current reporting system. For that reason, we welcome the opportunity to be a part of this process. Moving forward, it is important that first and foremost it is understood that healthcare should not be punitive. Penalties and fines must be appropriate for the seriousness and willfulness of the act and not so punitive as to bankrupt providers and hinder access to care. In addition, the process for audits must be appropriate and clearly communicated. Due to the diversity of entities regulated under this legislation, it is imperative that input be provided by impacted groups prior to the establishment of a process and commencement of audits.

Finally, Section 4 adds as a component of the Commissioners report annually to the Public Health Committee the reporting of healthcare associated infections incurred. Once again we state the importance of a clear explanation of this information. Current Centers for Disease Control definitions for infections differ significantly. There is an extreme difference between

such infections as those “associated” versus those “acquired” and the ability of the facility to prevent. This must be clearly explained.

Thank you for the opportunity to present this testimony. We look forward to working with you as this legislation progresses.